

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/701,821-Conf. #7328
		Filing Date	November 5, 2003
		First Named Inventor	Paul Harold Donnelly, III
		Examiner Name	P. Kim
		Art Unit	2169
TOTAL AMOUNT OF PAYMENT		(\$)	1,920.00
		Attorney Docket No.	M1103.70586US00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- or HP = _____ x _____ = _____			Fee (\$)				Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____		/50 = _____	(round up to a whole number) x _____ = _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,110.00
1801 Request for continued examination (RCE) (see 37 ...							810.00

SUBMITTED BY			
Signature	<i>Randy J. Pritzker</i>	Registration No. (Attorney/Agent)	35,986
Name (Print/Type)	Randy J. Pritzker	Telephone	617.646.8000
		Date	April 30, 2009

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: April 30, 2009	Signature: <i>Delina A. Andriolo</i> (Delina A. Andriolo)